



APPLICATION FOR POOL/SPA PLAN REVIEW

Environmental Health Services Division

Davis County Health Department

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, TDD 801-451-3288

Fax: 801-525-5119

(One Application Required For Each Pool/Spa)

Pool Information ☐ Renovation ☐ New Facility

Pool Name _____

Pool Address _____

City _____

State _____

Zip Code _____

Type of Use: ☐ Year-Round Pool ☐ Year-Round Spa ☐ Seasonal Pool ☐ Seasonal Spa

Type of Pool: ☐ Swimming ☐ Wading ☐ Therapy ☐ Spa

☐ Wave Pool ☐ Water Slide ☐ Interactive Water Feature

☐ Other (Please specify) _____

Date of Application: _____ Signature of Applicant: _____ Title: _____

Builder/Contractor Information **UT DOPL S380 Swimming Pool Contractor License No:** _____

Business Name _____

Office Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Street Address _____

City _____

State _____

Zip Code _____

Mailing Address (If Different) _____

City _____

State _____

Zip Code _____

Engineer Information

Business Name _____

Office Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Street Address _____

City _____

State _____

Zip Code _____

Mailing Address (If Different) _____

City _____

State _____

Zip Code _____

Owner Information (Please provide as much information as possible)

Corporation Name _____

Contact Name _____

Phone Number _____

Street Address/P.O. Box _____

City _____

State _____

Zip Code _____

☐ Individual

☐ Partnership

☐ L.L.C.

☐ Corporation

It is the responsibility of the Builder/Contractor to provide access to the swimming pool/spa for representatives of the Health Department at any reasonable time.

Please make arrangements for Health Department access. The requested plan review will be provided only after the required fee has been received. Swimming pool/spa permit issuance for the completed pool/spa is predicated on compliance with the Davis County Public Swimming Pool Rules and Regulations. A pool/spa permit may be suspended and/or revoked for non-compliance.

Date Paid: _____

Receipt No. _____

Amount Paid: _____

[Revised 07/27/16]